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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

App. No.: 10/733,595  
Applicant: James R. Keene  
Filed: 11 December 2003  
Title: MORTAR AND DEBRIS COLLECTION SYSTEM FOR  
MASONRY CAVITY WALLS  
Art Unit: Unknown  
Examiner: Unknown  
Docket No.: KEEN.00007

Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF  
ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS**

Dear Sir:

Applicant, through the undersigned, hereby requests that the Revocation of Power of Attorney with New Power of Attorney and Change of Address executed form included herewith be made of record and duly recognized.

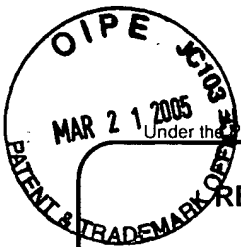
It is kindly requested that any comments or questions be directed to the contact information indicated below. Thank you for your prompt attention to this matter.

Respectfully submitted,

JUSTIN S. RERKO & ASSOCIATES, LLC

By: 

Justin S. Rerko, Esq.  
Reg. No. 53,510  
19836 Ellsworth Drive  
Strongsville, OH 44149  
Tel.: 440-320-1351  
17 March 2005

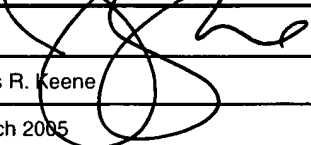
**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/733,595
Filing Date	11 December 2003
First Named Inventor	James R. Keen
Art Unit	
Examiner Name	
Attorney Docket Number	KEEN.0007

**I hereby revoke all previous powers of attorney given in the above-identified application.**☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number: 49884☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: **OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Justin S. Rerko & Associates, LLC				
Address	19836 Ellsworth Drive				
City	Strongsville	State	OH	Zip	44149
Country	USA				
Telephone	440-320-1351	Fax	440-268-0567		

**I am the:**☒ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	James R. Keene		
Date	8 March 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.